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10/14/2005 YPOLITE1 00000049 022865   10664335
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04/03/2006 LTHOMPS1 00000001 022865   10664335

01 FC:1201   600.00 DA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Savidge et al.   Group Art Unit: 3753

Serial No.: 10/664,335   Examiner: Ramesh Krishnamurthy

Filed: September 17, 2003   Attorney Docket: M02B153-1

Title: Non-Return Valves for Vacuum Pumps

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

I hereby certify that this correspondence and every writing referred to herein as being enclosed is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on _October 11, 2005_ .
          (Date)

BETTY LEE   _Betty Lee_
Printed name of person signing this certificate   Signature of person mailing

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AMENDMENT

Dear Sir:

In response to the Office Action dated May 10, 2005, please amend the above-identified application as follows:

Amendments to the claims begin on page 2.

Remarks begin on page 7.

10/14/2005 YPOLITE1 00000049 022865   10664335

01-FC:1202   800.00 DA
02 FC:1201   ~~200.00 DA~~ 600.00

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	11	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	11 minus 20=	* ✓
INDEPENDENT CLAIMS	5 minus 3 =	* 2
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

	RATE	FEE		RATE	FEE
	BASIC FEE	375.00	OR	BASIC FEE	750.00
	X$ 9=		OR	X$18=	
	X42=		OR	X84=	168
	+140=		OR	+280=	
	TOTAL		OR	TOTAL	918

CLAIMS AS AMENDED - PART II

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

AMENDMENT A — 10-13-05

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 36	Minus	** 20	= 16
Independent	* 6	Minus	*** 3	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=	100	OR	X$18= 30	800
X42=	900	OR	X84= 200	600
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B — 3-27-06

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 36	Minus	** 36	= 0
Independent	* 6	Minus	*** 6	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.